

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

August 2019

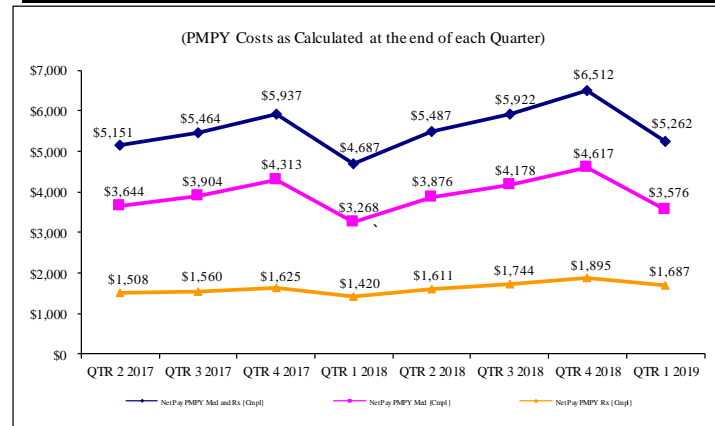
# DASHBOARD REPORT: BASED ON INCURRED CLAIMS THROUGH MARCH 2019

Includes Projections for Incurred, but Not Yet Reported (IBNR)

## Enrollment

Fact	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	% Change
Employees Avg Med	145,250	144,190	-0.73%
Members Avg Med	263,812	263,008	-0.30%
Family Size Avg	1.8	1.8	0.43%
Member Age Avg	36.8	36.8	0.05%

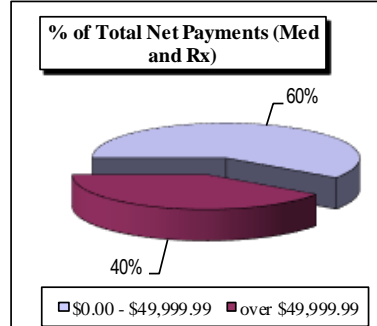
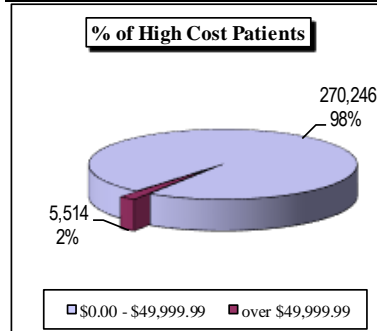
## Net Incurred Claims Cost per Member



## Allowed Claims Costs PMPY with Norms

	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,615.90	\$4,919.73	7%	\$5,028.04	-2.20%
Allow Amt PMPY IP Acute {Cmpl}	\$1,337.50	\$1,353.98	1%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,266.08	\$3,553.33	9%	\$3,559.25	-0.17%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,800.50	\$1,975.50	10%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$954.59	\$1,029.49	8%	N/A	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$217.38	\$229.07	5%	N/A	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$451.52	\$488.90	8%	N/A	N/A
Out of Pocket PMPY Med {Cmpl}	\$795.20	\$828.85	4%	\$765.25	7.67%
Allow Amt PMPY Rx {Cmpl}	\$1,730.86	\$1,959.61	13%	\$1,447.41	26.14%
Out of Pocket PMPY Rx {Cmpl}	\$199.59	\$220.16	10%	\$0.00	N/A

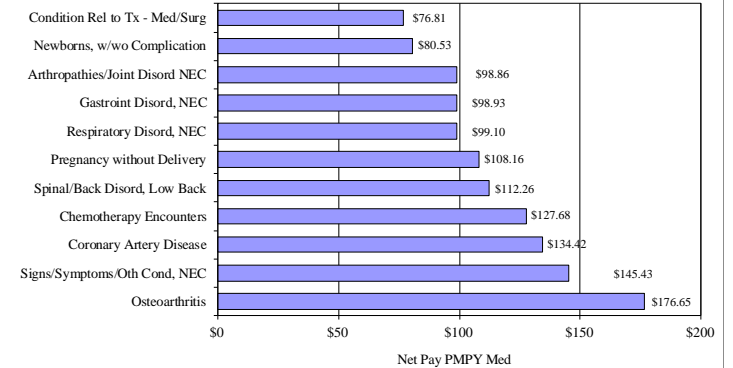
## High Cost Claimants Apr 18—Mar 19



## Prescription Drug Programs

	Fact	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	% Change
Mail Order	Discount Off AWP % Rx	53.59%	54.95%	2.54%
	Scripts Generic Efficiency Rx	96.80%	97.58%	0.81%
Retail	Discount Off AWP % Rx	51.53%	48.03%	-6.81%
	Scripts Generic Efficiency Rx	97.11%	96.83%	-0.28%
Total	Discount Off AWP % Rx	52.21%	50.51%	-3.25%
	Scripts Generic Efficiency Rx	97.06%	96.96%	-0.10%
	Scripts Maint Rx % Mail Order	17.56%	22.07%	25.66%

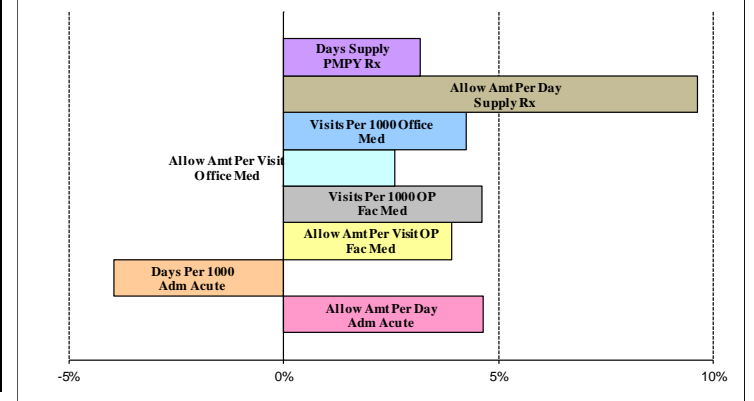
## Top 10 Clinical Conditions



## Cost Drivers Support

Fact	Apr 2017 - Mar 2018	Apr 2018 - Mar 2019	% Change
Allow Amt Per Day Adm Acute	\$4,720.91	\$4,939.80	4.64%
Days Per 1000 Adm Acute	280.67	269.58	-3.95%
Allow Amt Per Visit OP Fac Med	\$1,462.31	\$1,519.34	3.90%
Visits Per 1000 OP Fac Med	1,231.27	1,288.00	4.61%
Allow Amt Per Visit Office Med	\$121.03	\$124.17	2.59%
Visits Per 1000 Office Med	7,886.06	8,220.60	4.24%
Allow Amt Per Day Supply Rx	\$3.01	\$3.30	9.65%
Days Supply PMPY Rx	574.77	593.12	3.19%

## Cost Drivers—Utilization and Price Trends



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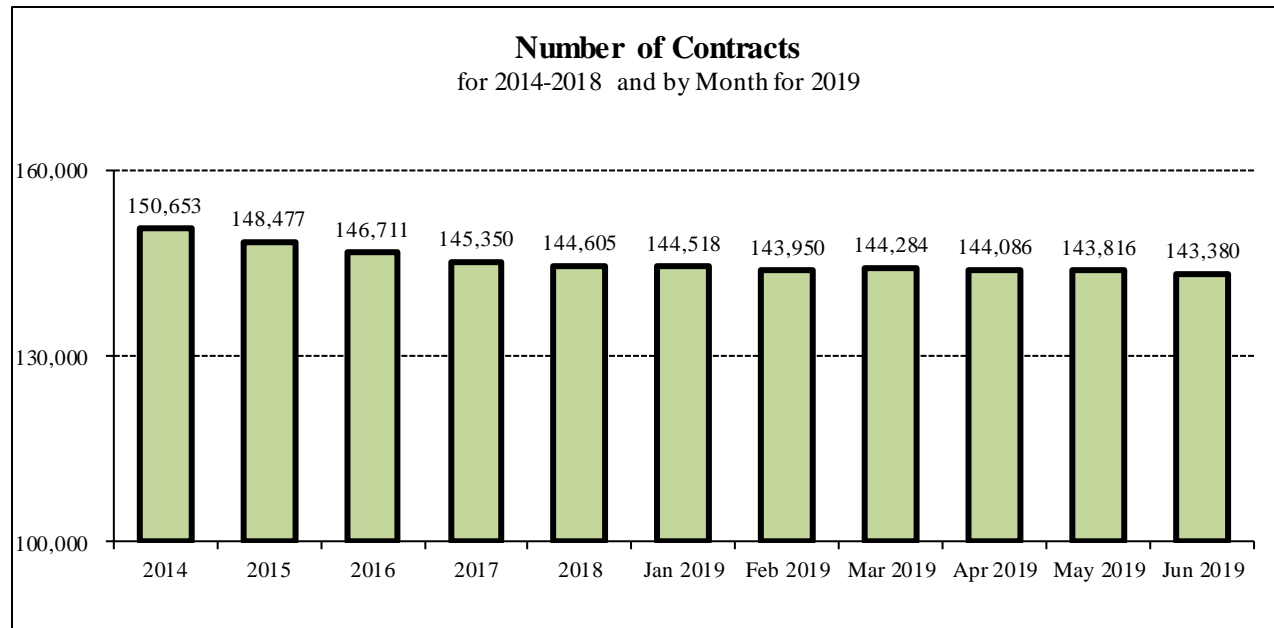
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*Paid data as of: June 2019*

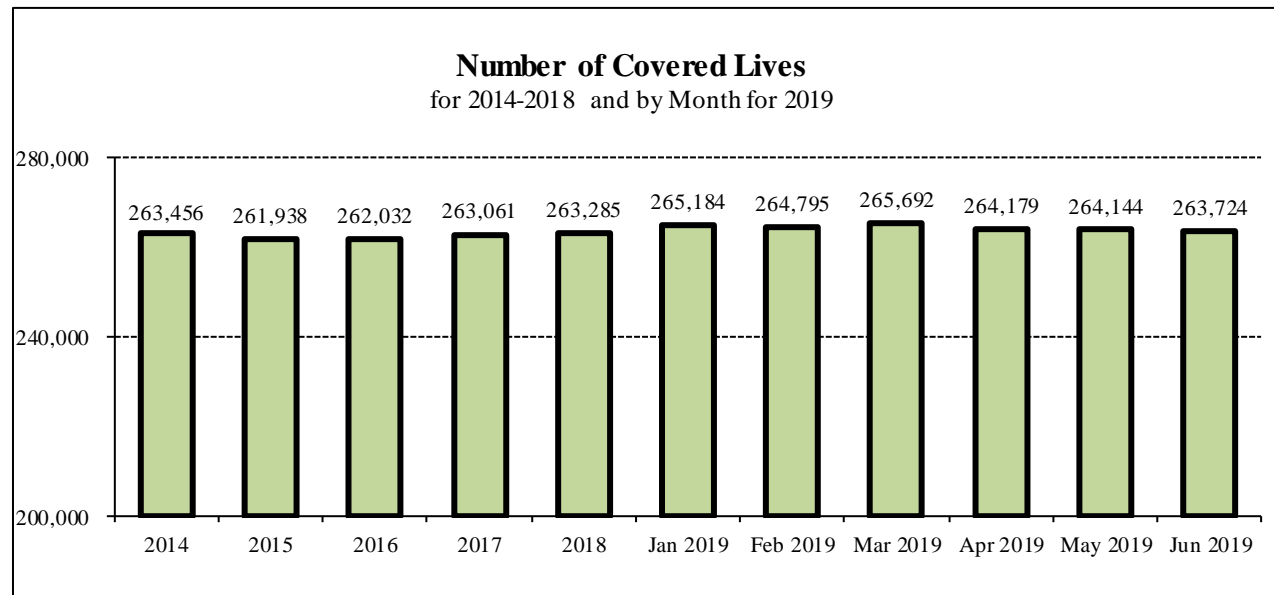
*Incurred data as of: March 2019*

## Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2018 and monthly year-to-date for 2019. Enrollment will fluctuate on a monthly basis. (Approximately 7,200 Cross-Reference spouses in any given month are not included.)

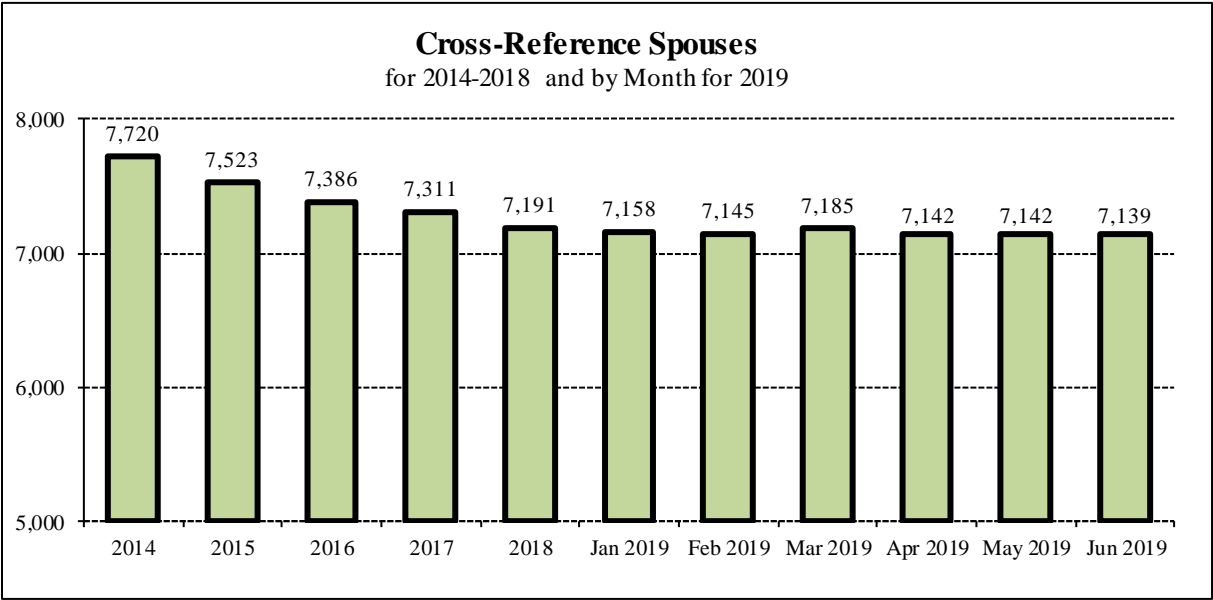


The following chart shows member enrollment (covered lives) for 2014-2018 and monthly year-to-date for 2019. Enrollment will fluctuate on a monthly basis.



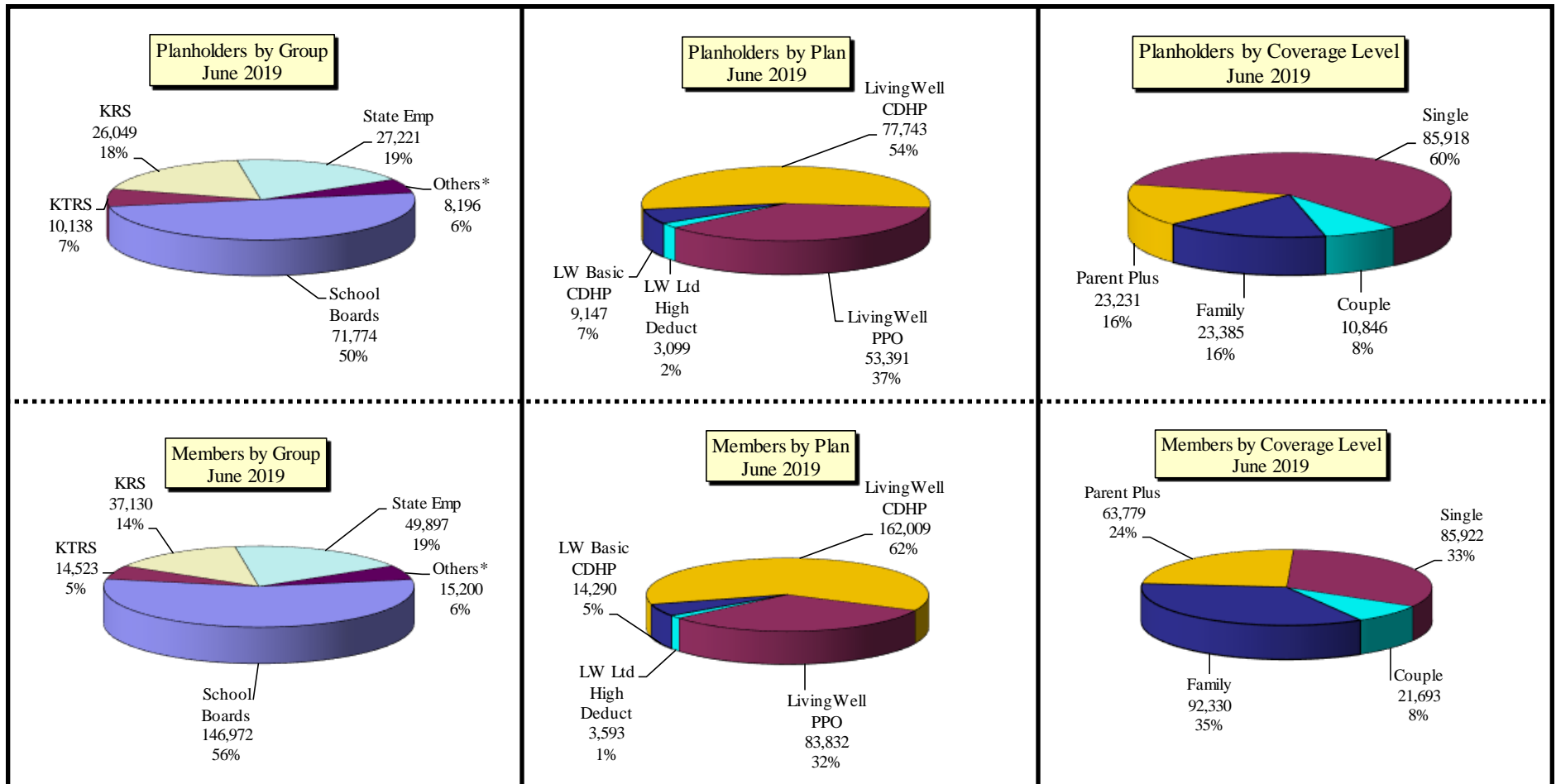
**Enrollment** *(continued)*

The following graph shows the number of Cross-Reference Spouses for 2014-2018 and monthly year-to-date for 2019. The number of Cross-Reference Spouses will fluctuate on a monthly basis.



## **Enrollment** *(continued)*

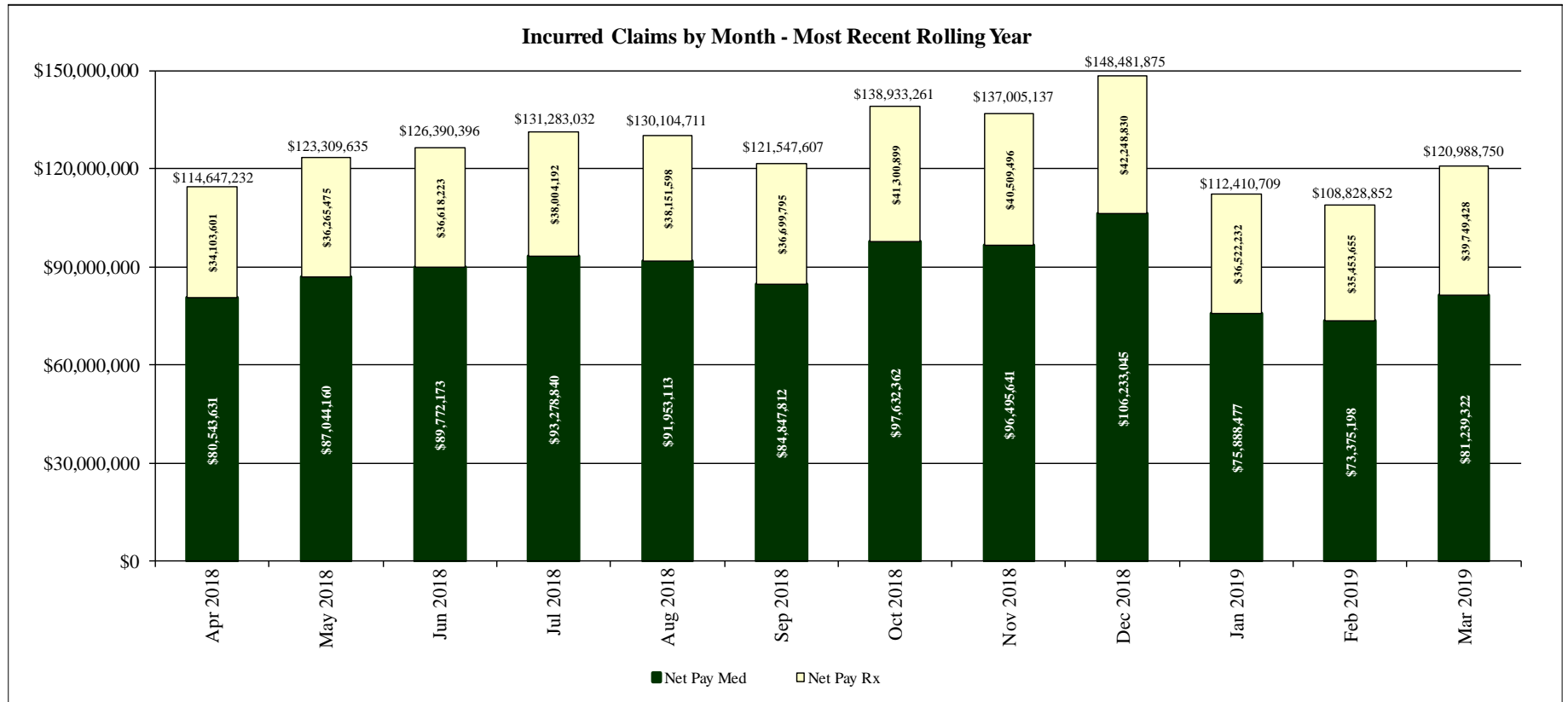
The following charts show Planholder and Member enrollment by Group, Health Plan, and Coverage Level.



\* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

## Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



### **Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Group for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED MEDICAL CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others</b>	<b>Totals</b>
2014	\$465,112,511	\$121,029,097	\$216,483,334	\$202,992,249	\$80,366,825	\$1,085,984,016
2015	\$406,274,265	\$100,740,841	\$189,171,718	\$159,515,036	\$62,699,633	\$918,401,495
2016	\$435,740,756	\$101,146,437	\$194,916,035	\$172,375,342	\$59,493,914	\$963,672,484
2017	\$454,746,723	\$95,546,343	\$197,685,304	\$177,247,744	\$60,940,181	\$986,166,295
2018	\$482,973,472	\$99,948,188	\$212,825,507	\$185,634,863	\$63,955,075	\$1,045,337,105
Jan 2019	\$35,091,328	\$7,227,331	\$16,323,724	\$13,096,375	\$4,149,719	\$75,888,477
Feb 2019	\$34,959,263	\$6,226,945	\$14,941,362	\$12,938,183	\$4,309,446	\$73,375,198
Mar 2019	\$36,720,485	\$7,179,300	\$16,840,115	\$14,859,229	\$5,640,193	\$81,239,322

*\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*



### **Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Group for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED RX CLAIMS BY GROUP</b>						
<b>Time Period</b>	<b>School Boards</b>	<b>KTRS</b>	<b>KRS</b>	<b>State Employees</b>	<b>Others*</b>	<b>Totals</b>
2014	\$131,098,426	\$43,053,078	\$73,830,755	\$55,751,835	\$20,884,223	\$324,618,317
2015	\$128,985,096	\$42,244,335	\$74,179,491	\$56,345,078	\$21,644,747	\$323,398,746
2016	\$150,206,049	\$44,006,471	\$82,345,637	\$62,097,368	\$23,887,655	\$362,543,182
2017	\$169,429,461	\$46,569,529	\$89,292,404	\$68,686,774	\$25,678,806	\$399,656,973
2018	\$188,870,626	\$48,522,313	\$98,932,150	\$74,040,628	\$28,052,281	\$438,417,998
Jan 2019	\$15,429,681	\$3,885,767	\$8,822,658	\$6,092,203	\$2,291,924	\$36,522,232
Feb 2019	\$14,656,444	\$3,721,754	\$8,315,904	\$6,327,472	\$2,432,081	\$35,453,655
Mar 2019	\$17,107,605	\$4,152,060	\$8,907,630	\$6,933,991	\$2,648,141	\$39,749,428

*\* Others include COBRA, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

**Claims Costs** *(continued)*

The following table represents Incurred Medical Claims by Health Plan for 2014-2018 and monthly year-to-date for 2019.

INCURRED MEDICAL CLAIMS BY PLAN								
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	LivingWell Basic CDHP	LW Limited High Deductible	Missing**	Total
2014	\$57,385,008	\$46,095,825	\$598,724,084	\$375,470,631	\$0	\$0	\$8,215,648	\$1,085,986,030
2015	\$44,667,793	\$42,933,513	\$448,976,661	\$376,288,350	\$0	\$0	\$8,215,648	\$921,081,965
2016	\$53,523,467	\$48,589,204	\$446,510,072	\$408,115,361	\$0	\$0	\$6,842,661	\$963,580,765
2017	\$66,768,325	\$30,748,571	\$411,792,614	\$471,647,969	\$11,960	\$0	\$5,196,855	\$986,166,295
2018	\$85,668,405	\$26,834,677	\$406,387,881	\$521,958,271	\$219,096	\$1,823	\$4,266,951	\$1,045,337,105
Jan 2019	\$8,058	\$1,393	\$33,770,275	\$38,688,198	\$1,576,845	\$1,612,114	\$231,594	\$75,888,477
Feb 2019	\$0	\$0	\$28,744,806	\$41,979,659	\$1,411,596	\$794,442	\$444,694	\$73,375,198
Mar 2019	\$0	\$0	\$31,987,123	\$45,608,382	\$2,155,995	\$1,132,428	\$355,395	\$81,239,322

\* Other means claim from old plan reported as incurred in following year.

\*\*Missing means the claims could not be tagged to a specific Health Plan.

**Claims Costs** *(continued)*

The following table represents Incurred Pharmacy Claims by Health Plan for 2014-2018 and monthly year-to-date for 2019.

INCURRED RX CLAIMS BY PLAN								
Time Period	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	LivingWell Basic CDHP	LW Limited High Deductible	Missing**	Total
2014	\$17,730,754	\$5,829,739	\$217,764,345	\$82,940,511	\$0	\$0	\$352,968	\$324,618,317
2015	\$16,014,926	\$6,904,578	\$201,586,203	\$98,816,804	\$0	\$0	\$76,235	\$323,398,746
2016	\$19,014,651	\$7,491,440	\$216,158,709	\$119,656,922	\$0	\$0	\$210,122	\$362,531,844
2017	\$22,798,874	\$4,759,248	\$217,232,483	\$154,784,696	\$0	\$5	\$81,667	\$399,656,973
2018	\$32,799,931	\$5,124,555	\$220,377,593	\$180,059,956	\$0	\$0	\$55,963	\$438,417,998
Jan 2019	\$36,700	\$333	\$20,803,948	\$15,050,672	\$364,981	\$245,503	\$20,095	\$36,522,232
Feb 2019	\$0	\$0	\$20,037,273	\$14,784,402	\$400,828	\$228,650	\$2,502	\$35,453,655
Mar 2019	\$0	\$0	\$21,253,890	\$17,762,405	\$499,649	\$228,802	\$4,682	\$39,749,428

\* Other means claim from old plan reported as incurred in following year.

\*\*Missing means the claims could not be tagged to a specific Health Plan.

**Claims Costs** *(continued)*

The following represents Incurred Medical Claims by Coverage Level for 2014-2018 and monthly year-to-date for 2019.

INCURRED MEDICAL CLAIMS BY COVERAGE LEVEL						
Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2014	\$131,271,014	\$239,094,807	\$182,552,523	\$524,850,024	\$8,215,648	\$1,085,984,016
2015	\$113,343,648	\$214,227,846	\$156,724,117	\$428,570,705	\$5,535,178	\$918,401,495
2016	\$115,908,780	\$234,298,626	\$158,406,884	\$450,029,689	\$5,028,505	\$963,672,484
2017	\$125,149,278	\$253,023,349	\$159,989,990	\$442,806,823	\$5,196,855	\$986,166,295
2018	\$134,792,340	\$269,604,706	\$170,135,255	\$466,537,852	\$4,266,951	\$1,045,337,105
Jan 2019	\$9,709,044	\$18,502,868	\$13,502,989	\$33,941,983	\$231,594	\$75,888,477
Feb 2019	\$8,858,584	\$20,390,606	\$11,923,776	\$31,757,537	\$444,694	\$73,375,198
Mar 2019	\$10,261,481	\$20,687,846	\$13,102,726	\$36,831,875	\$355,395	\$81,239,322

*\*Unable to tag claims to a specific coverage level*

## **Claims Costs** *(continued)*

The following represents Incurred Pharmacy Claims by Coverage Level for 2014-2018 and monthly year-to-date for 2019.

<b>INCURRED RX CLAIMS BY COVERAGE LEVEL</b>						
<b>Time Period</b>	<b>Couple</b>	<b>Family</b>	<b>Parent Plus</b>	<b>Single</b>	<b>Unknown*</b>	<b>Total</b>
2014	\$45,477,497	\$67,741,378	\$45,635,023	\$165,451,246	\$313,173	\$324,618,317
2015	\$42,957,491	\$68,806,053	\$45,211,695	\$166,347,272	\$76,235	\$323,398,746
2016	\$48,058,582	\$80,398,062	\$49,757,539	\$184,153,799	\$175,199	\$362,543,182
2017	\$52,795,555	\$92,098,680	\$55,346,007	\$199,335,064	\$81,667	\$399,656,973
2018	\$55,667,987	\$104,431,685	\$60,722,864	\$217,539,500	\$55,963	\$438,417,998
Jan 2019	\$4,600,602	\$8,504,156	\$5,177,329	\$18,220,050	\$20,095	\$36,522,232
Feb 2019	\$4,629,512	\$7,962,778	\$4,878,175	\$17,980,687	\$2,502	\$35,453,655
Mar 2019	\$5,333,906	\$9,666,418	\$5,543,469	\$19,200,952	\$4,682	\$39,749,428

*\*Unable to tag claims to a specific coverage level*

## Medical Claims Utilization

The following is based on Incurred Medical Claims\* from Jan-Mar 2019.

Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days LOS per Admit Acute	Days LOS per Admit Acute Rcnt SGovt	% Diff from Rcnt SGovt	Days Per 1000 Admits Acute	Days Per 1000 Admits Acute Rcnt SGovt	% Diff from Rcnt SGovt
LivingWell CDHP	54.39	56.49	-3.72%	4.34	4.36	-0.41%	236.27	250.52	-5.69%
LivingWell PPO	63.19	59.46	6.28%	4.49	4.85	-7.36%	283.75	275.55	2.98%
LW Limited High Deductible	81.45	62.00	31.37%	5.73	6.80	-15.70%	466.85	282.87	65.04%
LivingWell Basic CDHP	26.15	55.36	-52.77%	4.02	4.60	-12.59%	105.14	239.96	-56.19%
Average	56.07	57.46	-2.42%	4.42	4.60	-3.85%	247.78	258.42	-4.12%

Plan	Visits Per 1000 Office	Visits Per 1000 Office Rcnt US	% Diff from Rcnt US	Visits Per 1000 ER	Visits Per 1000 ER Rcnt US	% Diff from Rcnt US
LivingWell CDHP	8,115.44	6,725.69	17.12%	179.49	227.84	-26.94%
LivingWell PPO	9,684.89	7,497.52	22.59%	207.39	229.67	-10.74%
LW Limited High Deductible	4,974.42	7,206.88	-44.88%	278.12	231.71	16.69%
LivingWell Basic CDHP	4,856.57	6,505.14	-33.95%	143.52	228.44	-59.17%
Average	8,391.15	6,967.21	16.97%	187.95	228.52	-21.59%

### Notes:

Rcnt SGovt—Recent State Government

Rcnt US—Recent US

LOS—Length of Stay

OP—Outpatient

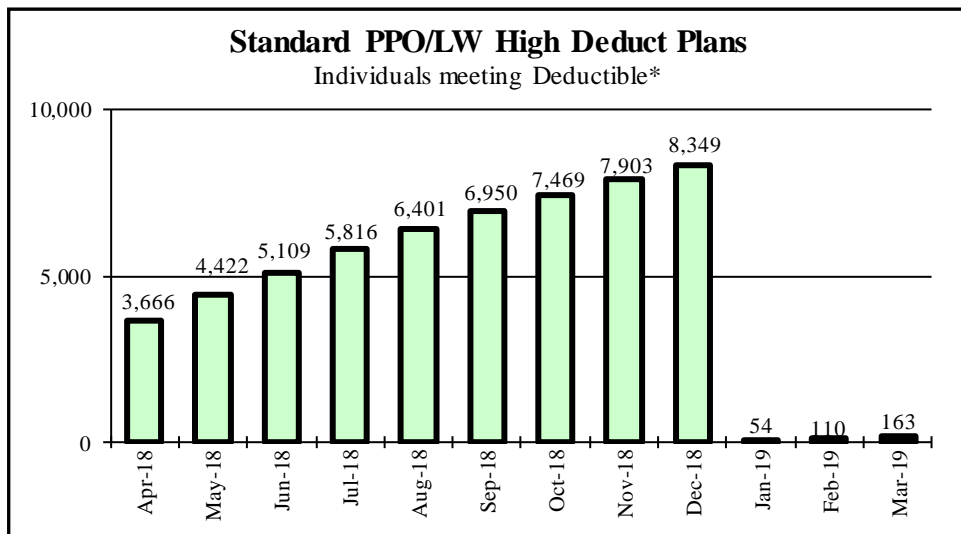
OP Rad—Outpatient Radiology

Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	% Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	9,220.83	7,924.64	16.36%	2,144.56	1,884.66	13.79%
LivingWell PPO	11,822.97	9,157.82	29.10%	2,834.20	2,340.03	21.12%
LW Limited High Deductible	7,932.46	9,322.42	-14.91%	1,851.50	2,191.72	-15.52%
LivingWell Basic CDHP	6,211.94	7,933.37	-21.70%	1,398.76	1,836.74	-23.85%
Average	9,867.58	8,339.71	18.32%	2,319.30	2,031.97	14.14%

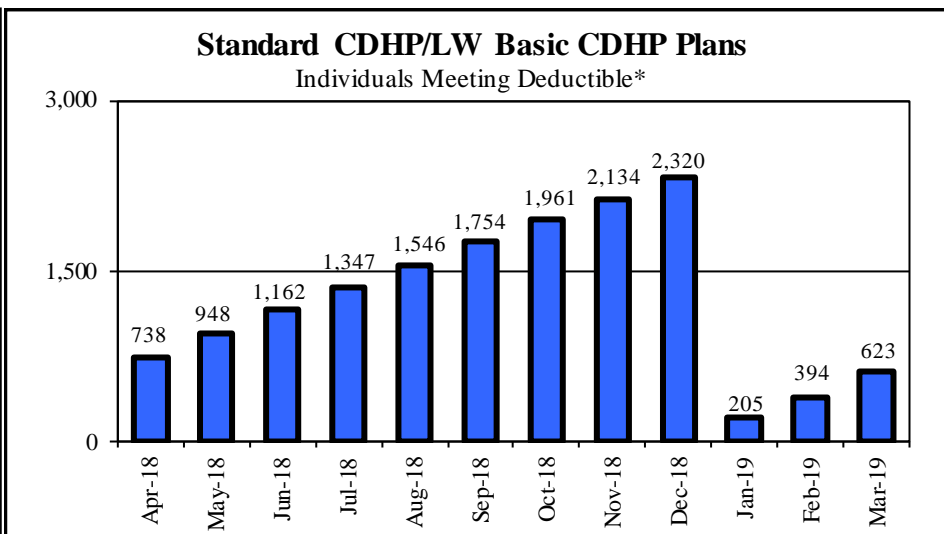
\*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

## Analysis of Individuals and Families Meeting Their Deductibles

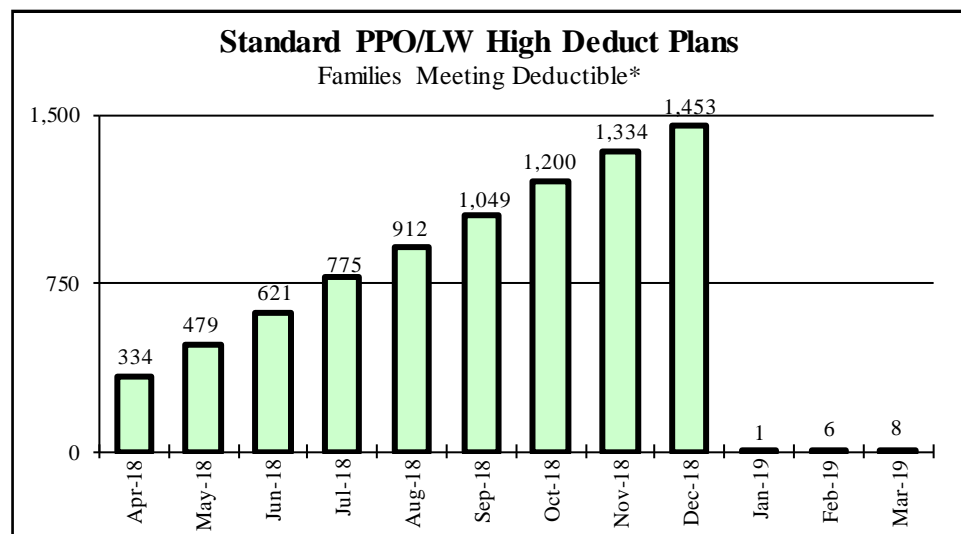
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



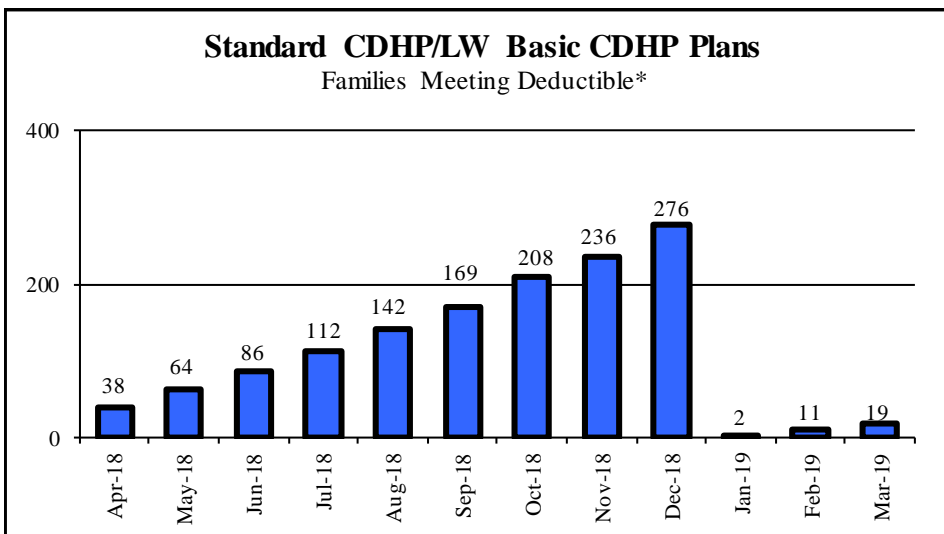
\* 2018 Standard PPO Individual Deductible is \$750; LW High Deduct Individual Deductible is \$4,000



\* 2018 Standard CDHP Individual Deductible is \$1,750; 2019 LW Basic Individual Deductible is \$1,750



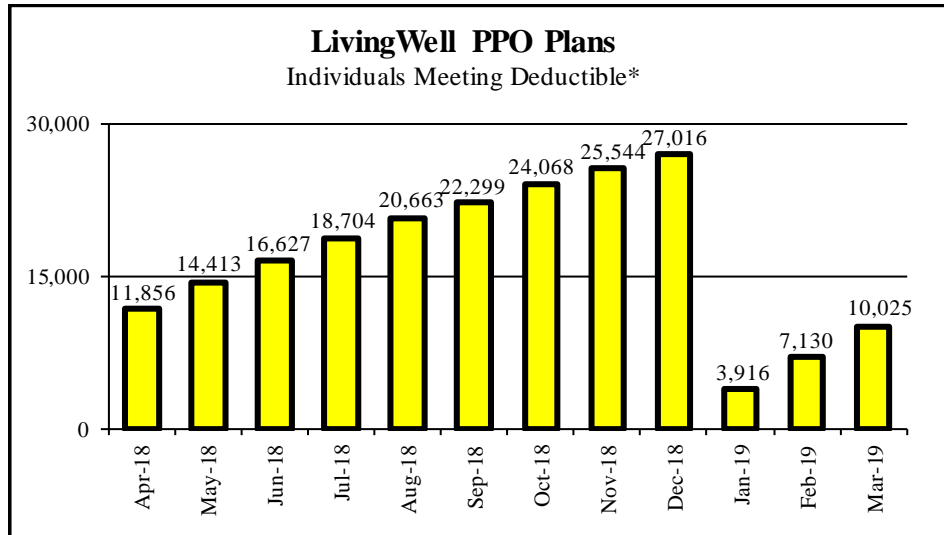
\* 2018 Standard PPO Family Deductible is \$1,500; LW High Deduct Family Deductible is \$8,000



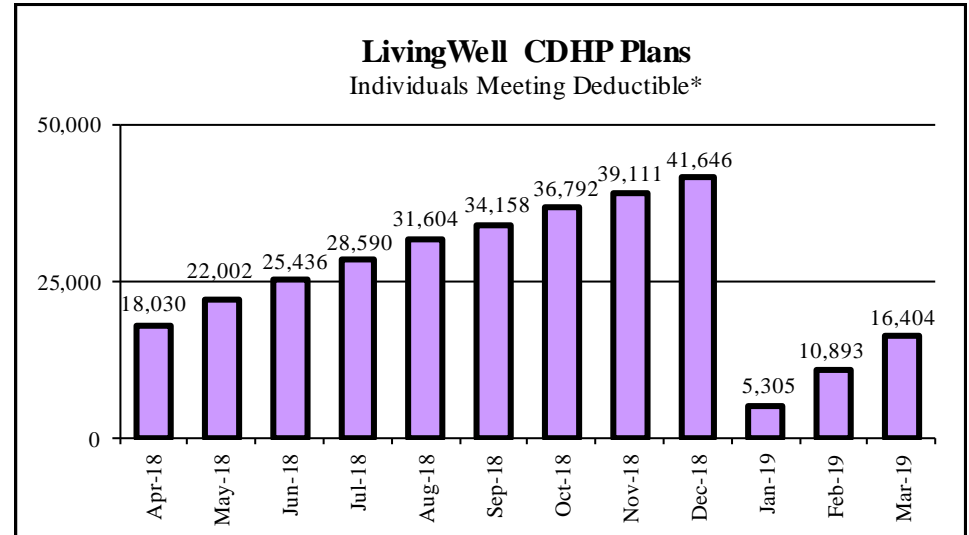
\* 2018 Standard CDHP Family Deductible is \$3,500; 2019 LW Basic Family Deductible is \$3,500

## Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

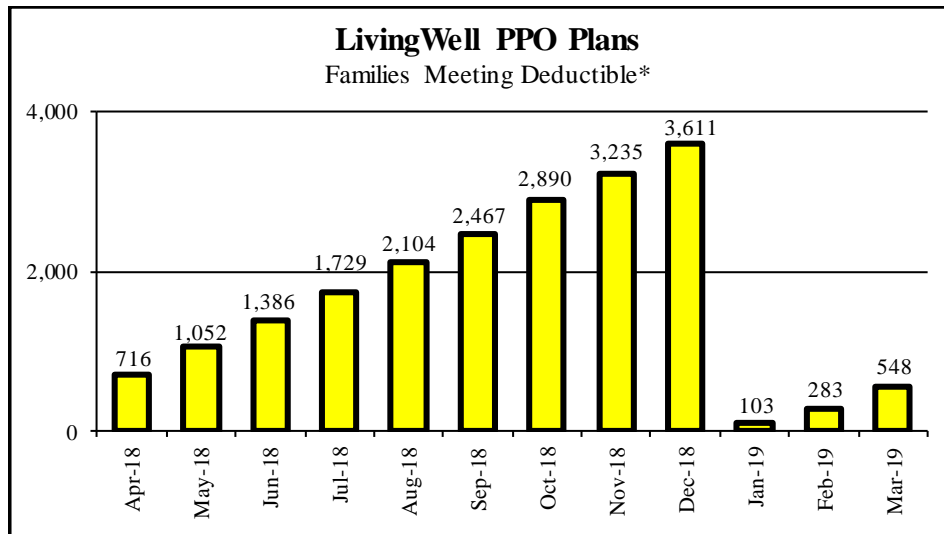
The following details the number of individuals and families by Health Plan that met their deductible for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



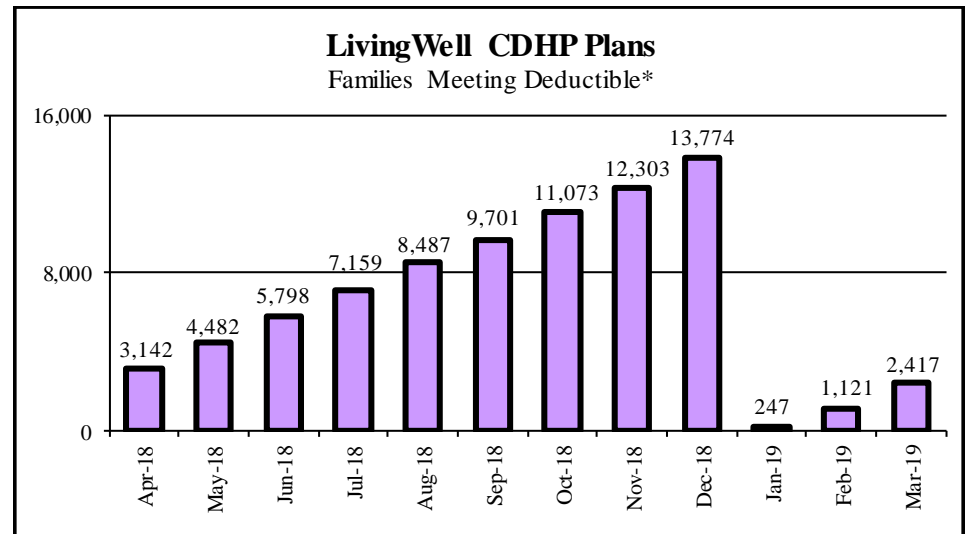
\*2018 and 2019 Individual Deductible is \$750



\* 2018 and 2019 Individual Deductible is \$1,250



\* 2018 and 2019 Family Deductible is \$1,500

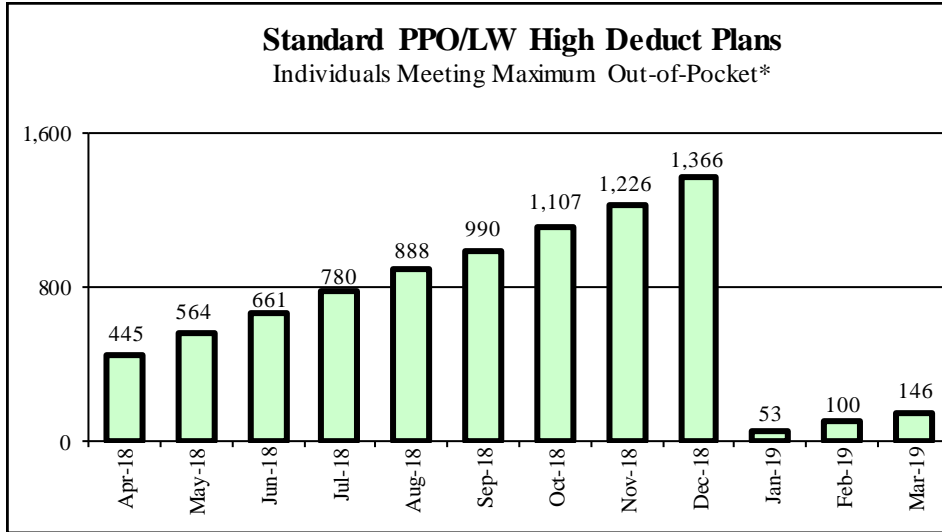


\* 2018 and 2019 Family Deductible is \$2,500

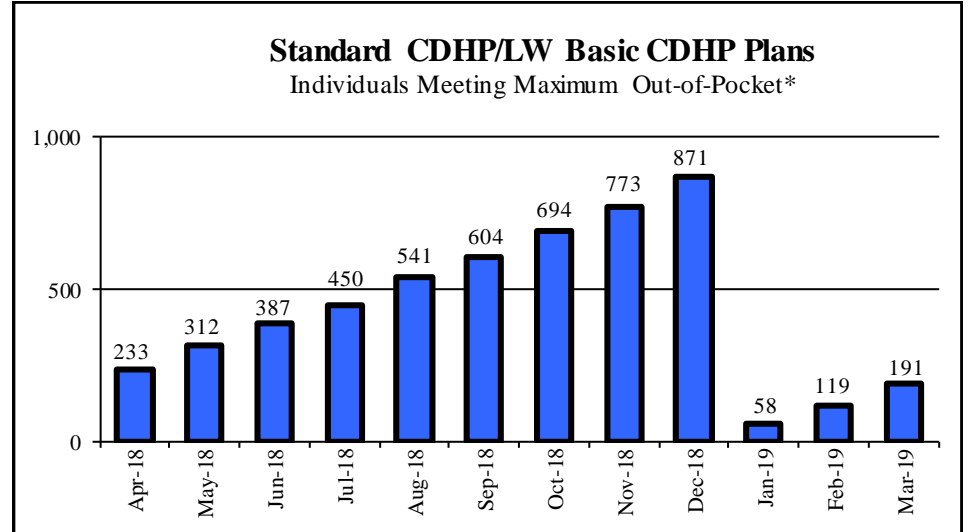


## Analysis of Individuals and Families Meeting Their Maximum Out-of-Pocket Expenses

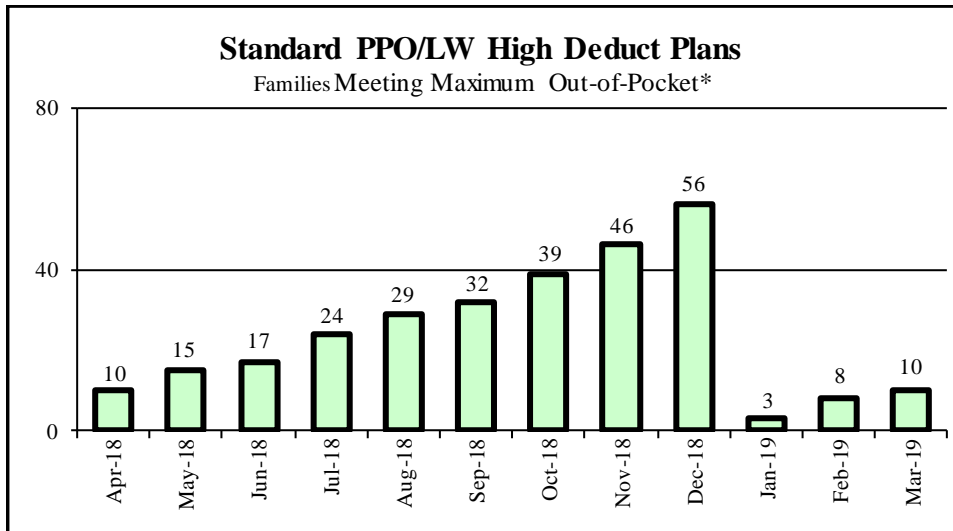
The following details the number of individuals and families by Health Plan that met their maximum out-of-pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



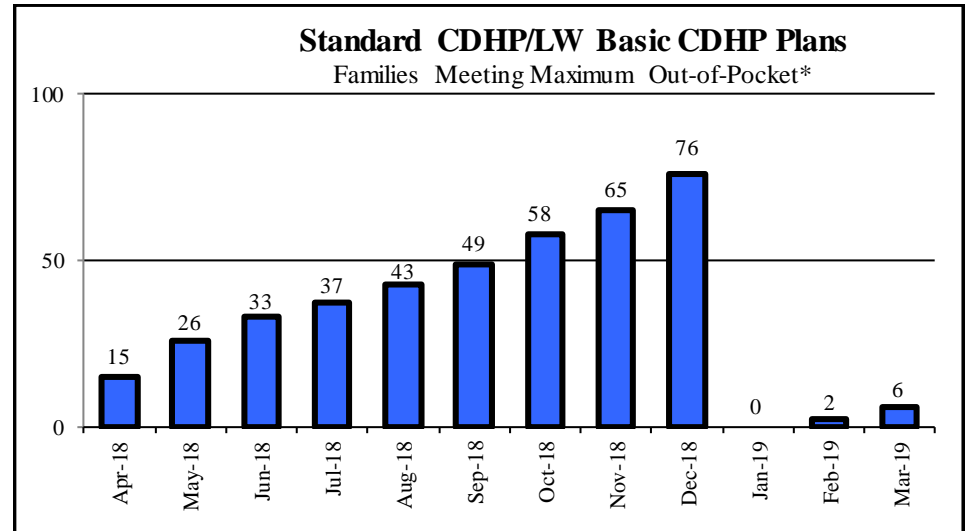
\* 2018 Standard PPO Individual MOOP is \$3,750; 2019 LW High Deduct Individual MOOP is \$5,000



\* 2018 Standard CDHP Individual MOOP is \$3,750; 2019 LW Basic CDHP Individual MOOP is \$3,750



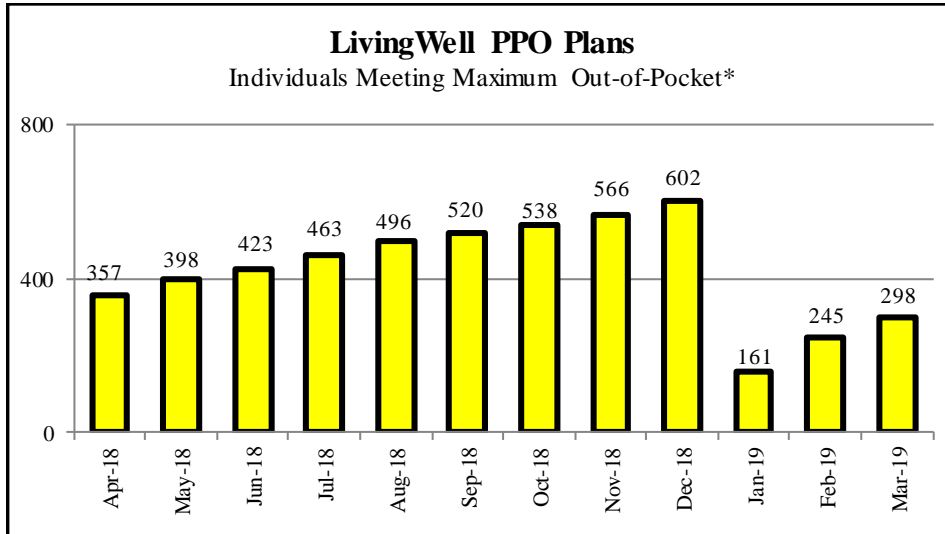
\* 2018 Standard PPO Family MOOP is \$7,500; 2019 LW High Deduct Family MOOP is \$10,000



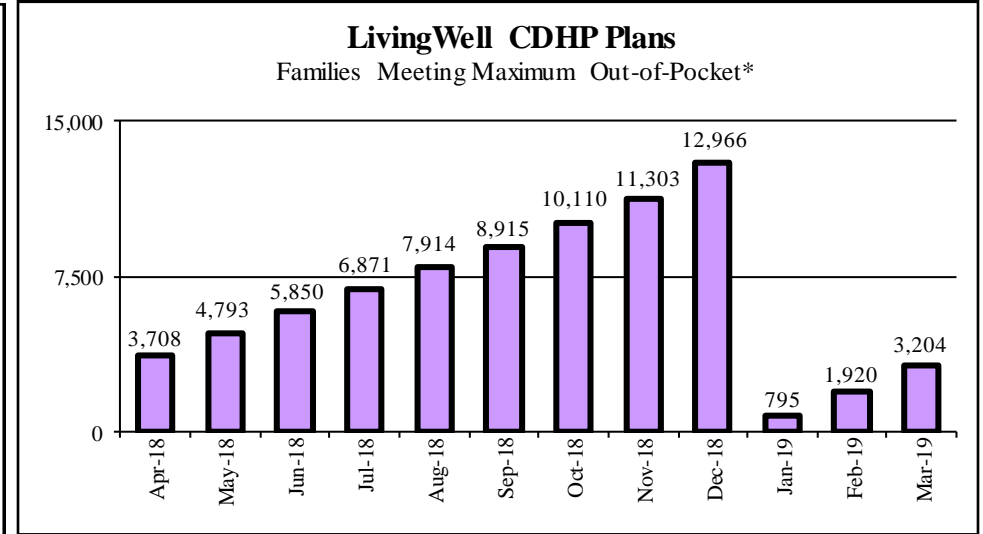
\* 2018 Standard CDHP Family MOOP is \$7,500; 2019 LW Basic CDHP Family MOOP is \$7,500

## Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

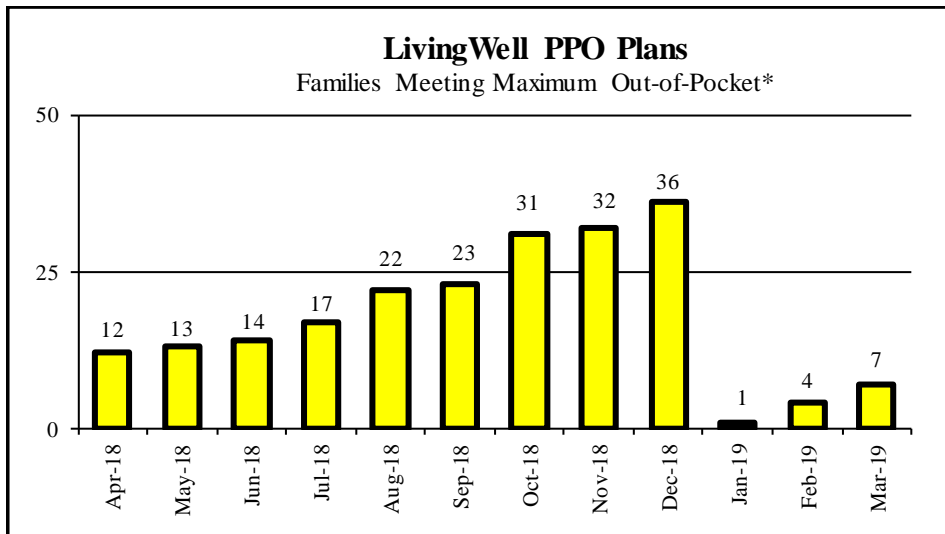
The following details the number of individuals and families by Health Plan that met their maximum out of pocket expense for the latest rolling year. This report is based on Incurred Medical and Pharmacy claims.



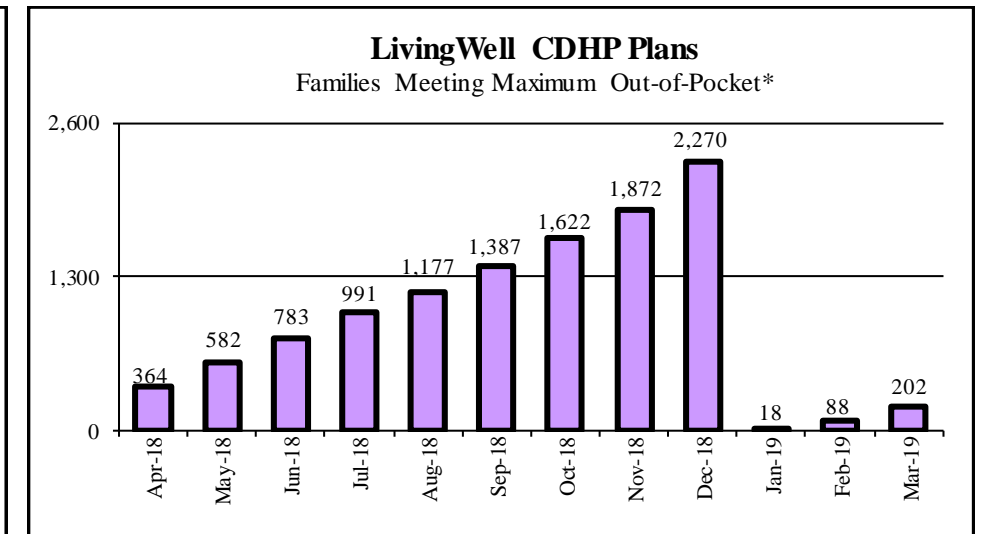
\* 2018 and 2019 Individual Maximum Out of Pocket is \$2,750



\* 2017 and 2018 Individual Maximum Out of Pocket is \$2,750



\* 2018 and 2019 Family Maximum Out of Pocket is \$5,500



\* 2017 and 2018 Family Maximum Out of Pocket is \$5,500

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses**

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2018. This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in Standard PPO (2014—2018) and LW High Deduct (2019-Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting Deductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard PPO	\$750	<b>34.91%</b>	\$3,500	<b>6.82%</b>	\$1,500	<b>10.68%</b>	\$7,000	<b>0.82%</b>
2015	Standard PPO	\$750	<b>33.28%</b>	\$3,500	<b>5.31%</b>	\$1,500	<b>9.53%</b>	\$7,000	<b>0.30%</b>
2016	Standard PPO	\$750	<b>34.21%</b>	\$3,500	<b>5.85%</b>	\$1,500	<b>10.07%</b>	\$7,000	<b>0.39%</b>
2017	Standard PPO	\$750	<b>35.00%</b>	\$3,750	<b>6.95%</b>	\$1,500	<b>7.06%</b>	\$7,500	<b>0.30%</b>
2018	Standard PPO	\$750	<b>36.18%</b>	\$3,750	<b>10.42%</b>	\$1,500	<b>7.60%</b>	\$7,500	<b>0.29%</b>
2019	LW High Deduct	\$750	<b>4.05%</b>	\$3,750	<b>3.63%</b>	\$1,500	<b>0.00%</b>	\$7,500	<b>0.26%</b>

<b>Individuals and Families in Standard CDHP (2014—2018) and LW Basic CDHP (2019-Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	Standard CDHP	\$1,750	<b>20.45%</b>	\$3,500	<b>7.38%</b>	\$3,500	<b>2.41%</b>	\$7,000	<b>0.47%</b>
2015	Standard CDHP	\$1,750	<b>18.67%</b>	\$3,500	<b>6.90%</b>	\$3,500	<b>1.88%</b>	\$7,000	<b>0.34%</b>
2016	Standard CDHP	\$1,750	<b>19.69%</b>	\$3,500	<b>7.96%</b>	\$3,500	<b>2.17%</b>	\$7,000	<b>0.47%</b>
2017	Standard CDHP	\$1,750	<b>16.92%</b>	\$3,750	<b>6.35%</b>	\$3,500	<b>2.38%</b>	\$7,500	<b>0.42%</b>
2018	Standard CDHP	\$1,750	<b>17.71%</b>	\$3,750	<b>6.65%</b>	\$3,500	<b>2.73%</b>	\$7,500	<b>0.75%</b>
2019	LW Basic CDHP	\$1,750	<b>4.33%</b>	\$3,750	<b>1.33%</b>	\$3,500	<b>0.20%</b>	\$7,500	<b>0.06%</b>

## **Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out-of-Pocket Expenses** *(continued)*

The following details the number of individuals and families by Health Plan that met their deductibles and/or maximum out-of-pocket (MOOP) expense for the years 2014-2018 This report is based on Incurred Medical and Pharmacy claims.

<b>Individuals and Families in LivingWell PPO (2014—Present )</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	LivingWell PPO	\$500	11.85%	\$2,500	3.74%	\$1,000	4.70%	\$3,000	0.49%
2015	LivingWell PPO	\$500	34.97%	\$2,500	0.69%	\$1,000	7.88%	\$5,000	0.16%
2016	LivingWell PPO	\$500	35.87%	\$2,500	0.65%	\$1,000	7.87%	\$5,000	0.13%
2017	LivingWell PPO	\$750	32.00%	\$2,750	0.65%	\$1,500	6.38%	\$5,500	0.08%
2018	LivingWell PPO	\$750	32.73%	\$2,750	0.73%	\$1,500	6.35%	\$5,500	0.06%
2019	LivingWell PPO	\$750	11.87%	\$2,750	0.35%	\$1,500	1.00%	\$5,500	0.01%

<b>Individuals and Families in LivingWell CDHP (2014— Present)</b>									
		<b>Individuals</b>				<b>Families</b>			
<b>Plan year</b>	<b>Plan Name</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>	<b>Deductible</b>	<b>Meeting De-ductible</b>	<b>MOOP</b>	<b>Meeting MOOP</b>
2014	LivingWell CDHP	\$1,250	29.04%	\$2,500	8.89%	\$2,500	17.39%	\$5,000	2.24%
2015	LivingWell CDHP	\$1,250	29.30%	\$2,500	8.61%	\$2,500	17.55%	\$5,000	1.89%
2016	LivingWell CDHP	\$1,250	28.69%	\$2,500	9.17%	\$2,500	17.90%	\$5,000	2.35%
2017	LivingWell CDHP	\$1,250	28.23%	\$2,750	8.51%	\$2,500	17.56%	\$5,500	2.59%
2018	LivingWell CDHP	\$1,250	28.81%	\$2,750	8.97%	\$2,500	18.48%	\$5,500	3.05%
2019	LivingWell CDHP	\$1,250	10.10%	\$2,750	1.97%	\$2,500	3.05%	\$5,500	0.26%

## **Premium**

The following details the amount of premium\* paid by the employee and employer for 2014-2018 and monthly through 2019.

<b>Time Period</b>	<b>Employee Premium Amount</b>	<b>Employer Premium Amount</b>	<b>Total Premium Amount</b>
2014	\$265,431,508	\$1,348,631,926	\$1,614,063,434
2015	\$256,371,746	\$1,362,686,924	\$1,619,058,670
2016	\$254,661,768	\$1,380,830,820	\$1,635,492,588
2017	\$255,169,294	\$1,374,862,647	\$1,630,031,942
2018	\$262,595,375	\$1,384,164,265	\$1,646,759,641
Jan 2019	\$22,302,955	\$115,315,238	\$137,618,193
Feb 2019	\$22,297,275	\$114,978,902	\$137,276,177
Mar 2019	\$22,341,167	\$115,289,706	\$137,630,874
Apr 2019	\$22,205,643	\$114,957,396	\$137,163,039
May 2019	\$22,196,390	\$114,796,979	\$136,993,368
Jun 2019	\$22,131,648	\$114,492,344	\$136,623,991

*\*Premium is based on enrollment using published premium rates—it is NOT based on actual payments received.*

## **Prescription Drug Utilization** *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency percentage for the most recent rolling year. Based on Paid Pharmacy Claims.

<b>Time Period: Paid Month</b>	<b>Generic</b>	<b>Brand Name, Generic Available</b>	<b>Brand Name</b>	<b>Other*</b>	<b>Total</b>	<b>Scripts Rx % Generic</b>	<b>Scripts Generic Efficiency Rx**</b>
Jul 2018	308,837	6,325	36,584	10,359	362,105	85.29%	97.99%
Aug 2018	315,594	6,826	37,577	10,403	370,400	85.20%	97.88%
Sep 2018	294,685	14,492	37,257	9,942	356,376	82.69%	95.31%
Oct 2018	325,987	25,312	43,674	11,249	406,222	80.25%	92.79%
Nov 2018	308,769	23,656	43,723	11,624	387,772	79.63%	92.88%
Dec 2018	333,735	7,192	41,261	11,679	393,867	84.73%	97.89%
Jan 2019	333,840	6,737	36,494	12,427	389,498	85.71%	98.02%
Feb 2019	301,852	4,718	31,166	10,456	348,192	86.69%	98.46%
Mar 2019	322,861	4,730	34,584	11,355	373,530	86.44%	98.56%
Apr 2019	307,560	4,858	34,307	11,454	358,179	85.87%	98.45%
May 2019	314,948	4,818	35,225	11,767	366,758	85.87%	98.49%
Jun 2019	286,786	4,430	32,512	10,836	334,564	85.72%	98.48%

*\*Other category includes: Over-the-Counter (usually items such as diabetic supplies, syringes, and test strips, etc.) and claims that were unable to be tagged to a specific group.*

*\*\*Generic Efficiency Rate means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.*

**Prescription Drug Utilization** *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Pharmacy Claims.

<b>Time Period</b>	<b>Members</b>	<b>Patients</b>	<b>Scripts</b>	<b>Scripts Per Member</b>	<b>Scripts Per Patient</b>	<b>Allow Amt* Per Script</b>	<b>Net Pay Per Script</b>	<b>Member Cost Per Script**</b>	<b>Patient Cost Per Script***</b>
Apr 2018	266,003	155,861	367,995	1.38	2.87	\$105.97	\$92.67	\$17.89	\$30.53
May 2018	265,854	158,417	385,155	1.45	2.93	\$106.39	\$94.16	\$17.32	\$29.06
Jun 2018	265,297	154,657	359,554	1.36	2.87	\$114.39	\$101.84	\$16.61	\$28.50
Jul 2018	264,248	157,781	361,823	1.37	2.89	\$117.04	\$105.04	\$16.06	\$26.90
Aug 2018	255,030	158,069	370,695	1.45	2.91	\$114.25	\$102.92	\$16.08	\$25.94
Sep 2018	257,736	153,391	356,971	1.39	2.83	\$113.25	\$102.81	\$13.98	\$23.49
Oct 2018	261,899	170,585	405,696	1.55	2.98	\$111.92	\$101.80	\$14.93	\$22.93
Nov 2018	262,247	163,110	387,220	1.48	2.90	\$114.73	\$104.62	\$14.35	\$23.07
Dec 2018	262,116	158,678	394,150	1.50	2.97	\$117.26	\$107.19	\$14.50	\$23.95
Jan 2019	265,184	163,964	386,711	1.46	2.88	\$115.62	\$94.44	\$30.40	\$49.17
Feb 2019	264,795	158,421	349,231	1.32	2.71	\$120.35	\$101.52	\$24.39	\$40.76
Mar 2019	265,692	159,341	374,252	1.41	2.85	\$123.05	\$106.21	\$23.18	\$38.65

*\*\*"Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

*\*\*\*"Member Cost per Script" is the average net amount paid per prescription filled per member (Net Pay Rx/Members)*

*\*\*\*"Patient Cost per Script" is the average net amount paid per prescription filled per Patients (Net Pay Rx/Patients)*

## **Prescription Drug Utilization** *(continued)*

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan-Mar 2019.

<b>Prev Rank</b>	<b>Curr Rank</b>	<b>Product Name</b>	<b>Brand/Generic</b>	<b>Therapeutic Class General</b>	<b>Net Pay Rx</b>	<b>Net Pay Rx as % of All Drugs</b>	<b>Scripts Rx</b>	<b>Net Pay Per Day Supply Rx</b>	<b>Patients Rx</b>
1	1	HUMIRA	Single source brand	Immunosuppressants	\$8,290,637.25	7.46%	1,127	\$184.44	575
2	2	STELARA	Single source brand	Immunosuppressants	\$2,841,281.36	2.56%	169	\$247.20	139
3	3	ENBREL	Single source brand	Immunosuppressants	\$2,619,014.24	2.36%	378	\$167.78	221
4	4	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$2,465,262.05	2.22%	3,767	\$14.45	2,047
5	5	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$2,292,073.46	2.06%	3,925	\$13.22	2,169
6	6	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$2,289,927.71	2.06%	2,754	\$23.83	1,276
7	7	TRESIBA	Single source brand	Hormones & Synthetic Subst	\$1,930,661.52	1.74%	2,193	\$20.54	1,262
8	8	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$1,835,354.07	1.65%	1,872	\$25.40	970
10	9	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$1,747,751.74	1.57%	1,661	\$25.49	964
9	10	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$1,736,326.16	1.56%	1,532	\$35.30	857
11	11	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$1,708,341.79	1.54%	1,836	\$22.23	1,182
13	12	TECFIDERA	Single source brand	Misc Therapeutic Agents	\$1,508,460.83	1.36%	128	\$240.32	72
12	13	GILENYA	Single source brand	Misc Therapeutic Agents	\$1,478,922.29	1.33%	103	\$255.43	66
-	14	ROSUVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$1,461,362.10	1.32%	8,966	\$3.14	5,603
15	15	DUEXIS	Single source brand	Central Nervous System	\$1,273,360.76	1.15%	662	\$63.23	316
16	16	XOLAIR	Single source brand	Immunosuppressants	\$1,142,891.25	1.03%	319	\$104.07	149
17	17	HUMATROPE	Multisource brand, no generic	Hormones & Synthetic Subst	\$1,071,212.54	0.96%	111	\$183.99	77
18	18	COSENTYX	Single source brand	Immunosuppressants	\$1,029,957.49	0.93%	159	\$185.38	87
20	19	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$923,588.35	0.83%	1,499	\$14.62	809
19	20	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$885,450.40	0.80%	1,225	\$17.11	713
21	21	ELIQUIS	Single source brand	Blood Form/Coagul Agents	\$842,130.01	0.76%	1,759	\$12.80	884
22	22	XARELTO	Single source brand	Blood Form/Coagul Agents	\$814,532.45	0.73%	1,665	\$12.80	852
25	23	OTEZLA	Single source brand	Misc Therapeutic Agents	\$789,761.30	0.71%	216	\$96.78	125
23	24	COPAXONE	Multisource brand, generic	Misc Therapeutic Agents	\$787,649.75	0.71%	76	\$192.11	52
-	25	BASAGLAR KWIPEN	Single source brand	Hormones & Synthetic Subst	\$776,883.99	0.70%	1,814	\$10.10	1,035

\*"Product Name" includes all strengths/formulations of a drug.



**Prescription Drug Utilization** *(continued)*

In summary, the top 25 drugs represent 3.63% of total scripts and 40.08% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$44,542,795	39,916	1,726,395
All Product Names	\$111,121,831	1,099,498	38,362,016
Top Drugs as Pct of All Drugs	40.08%	3.63%	4.50%

## Utilization

The top 25 clinical conditions based on Incurred Medical Claims for Jan-Mar 2019.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$18,295,101	\$62,705	\$18,188,149	0.00	0.00	1055.53	0.33	64,698	\$282.78
2	2	Chemotherapy Encounters	\$8,999,369	\$1,277,580	\$7,721,788	0.44	7.79	1.06	0.00	375	\$23,998.32
3	3	Osteoarthritis	\$8,881,362	\$4,855,011	\$4,008,480	2.49	1.67	123.90	0.32	6,280	\$1,414.23
4	4	Coronary Artery Disease	\$7,924,085	\$4,823,940	\$3,100,032	1.84	4.34	27.27	2.08	1,941	\$4,082.48
5	5	Signs/Symptoms/Oth Cond, NEC	\$7,674,754	\$1,197,718	\$6,412,018	0.84	6.27	516.74	9.97	37,051	\$207.14
6	6	Respiratory Disord, NEC	\$6,831,584	\$3,029,603	\$3,781,766	0.48	3.69	89.48	10.30	8,425	\$810.87
7	7	Pregnancy without Delivery	\$6,134,047	\$4,732,648	\$1,401,156	0.65	2.81	82.35	5.17	2,841	\$2,159.12
8	8	Infections, NEC	\$6,025,903	\$5,523,577	\$497,294	0.14	2.89	79.63	2.62	6,042	\$997.34
9	9	Spinal/Back Disord, Low Back	\$5,468,881	\$2,777,198	\$2,690,726	0.63	3.95	547.69	3.14	13,209	\$414.03
11	10	Newborns, w/wo Complication	\$5,461,188	\$5,290,069	\$171,119	9.11	3.20	6.71	0.18	802	\$6,809.46
10	11	Gastroint Disord, NEC	\$5,299,227	\$1,314,327	\$3,970,691	1.00	3.29	146.93	15.56	11,174	\$474.25
12	12	Condition Rel to Tx - Med/Surg	\$4,385,632	\$3,282,932	\$1,089,982	1.39	5.48	6.49	1.87	1,414	\$3,101.58
14	13	Arthropathies/Joint Disord NEC	\$4,320,503	\$247,101	\$4,051,785	0.20	3.08	547.61	5.20	18,195	\$237.46
13	14	Cardiac Arrhythmias	\$4,155,432	\$1,354,353	\$2,800,718	0.72	3.31	34.33	2.05	2,391	\$1,737.95
23	15	Hypertension, Essential	\$3,650,147	\$2,550,812	\$1,092,358	0.92	6.39	269.55	3.12	17,725	\$205.93
22	16	Cerebrovascular Disease	\$3,644,084	\$2,857,451	\$749,198	1.40	7.81	6.73	1.39	652	\$5,589.09
16	17	Diabetes	\$3,558,075	\$789,380	\$2,763,742	1.49	5.90	235.50	1.52	14,065	\$252.97
15	18	Cancer - Breast	\$3,461,839	\$153,692	\$3,295,383	0.15	3.20	20.12	0.05	1,110	\$3,118.77
18	19	Spinal/Back Disord, Ex Low	\$3,392,858	\$1,044,261	\$2,348,555	0.30	4.65	511.07	2.87	11,259	\$301.35
17	20	Cardiovasc Disord, NEC	\$3,120,173	\$497,470	\$2,622,065	0.27	3.50	70.79	9.62	6,031	\$517.36
20	21	Cholecystitis/Cholelithiasis	\$3,018,863	\$911,003	\$2,107,859	0.66	3.41	4.49	1.79	580	\$5,204.94
21	22	Renal Function Failure	\$3,017,564	\$446,848	\$2,560,066	0.12	3.25	14.30	0.53	1,265	\$2,385.43
19	23	Neurological Disorders, NEC	\$2,911,351	\$1,419,675	\$1,464,849	0.62	9.05	64.81	1.24	3,024	\$962.75
24	24	Infections - ENT Ex Otitis Med	\$2,893,981	\$167,622	\$2,725,381	0.21	2.64	802.31	6.58	44,685	\$64.76
-	25	Urinary Tract Calculus	\$2,437,013	\$243,140	\$2,193,872	0.44	3.31	17.43	4.99	1,272	\$1,915.89

NOTE: Medical payments represent only the payments made for the specified condition.

**Utilization** *(continued)*

In Summary, the top clinical conditions represent more than 58.55% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$134,963,014	\$50,850,118	\$83,809,033	26.51	4.19	5,282.80	92.50
All Clinical Conditions	\$230,502,997	\$79,892,044	\$149,857,664	58.73	4.37	9,606.04	189.74
Top Clinical Conditions as Pct of All Clinical Conditions	58.55%	63.65%	55.93%	45.15%	96.00%	54.99%	48.75%

## **Claims Lag Analysis**

The following claims lag information is based on Incurred Medical Claims from Jan-Mar 2019.

<b>Plan</b>	<b>Number of Medical Claims</b>	<b>Avg Days Lag Per Claim</b>	<b>% Claims Paid Within 30 Days</b>	<b>% Claims Paid Within 60 Days</b>	<b>% Claims Paid Within 90 Days</b>
LivingWell CDHP	1,217,506	17	89.51%	97.05%	99.03%
LivingWell PPO	805,316	17	89.58%	97.31%	99.15%
Standard CDHP	101	23	84.38%	96.88%	96.88%
Standard PPO	161	80	55.56%	66.67%	83.33%
LW Limited High Deductible	27,783	28	81.06%	93.78%	97.70%
LivingWell Basic CDHP	66,072	18	87.81%	96.03%	98.55%
Missing	3,374	25	79.50%	94.70%	97.66%
All Plans	2,120,313	17	89.31%	97.05%	99.02%

*\*Missing means the claims could not be tagged to a specific plan.*

### **Claims Lag Analysis** *(continued)*

The following claims lag information is based on all claims (**Medical and Pharmacy**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018
Apr 2018	\$2,845,831.77	\$942,969.21	\$863,787.63	\$244,265.81	\$72,633.24	\$36,945.92
May 2018	\$8,444,218.03	\$2,538,523.14	\$600,869.26	\$675,879.47	\$575,001.60	\$229,024.18
Jun 2018	\$43,589,554.08	\$10,756,767.11	\$1,484,708.14	\$665,423.29	\$422,993.94	\$515,595.07
Jul 2018	\$61,692,718.61	\$53,587,038.95	\$10,060,898.06	\$2,097,365.00	\$1,711,791.24	\$962,979.79
Aug 2018	\$9,091.25	\$69,781,614.52	\$44,843,491.97	\$8,045,307.27	\$3,918,851.15	\$873,599.28
Sep 2018	\$0.00	\$15,249.51	\$64,476,851.89	\$40,459,387.88	\$11,677,094.40	\$2,288,994.17
Oct 2018	\$0.00	\$0.00	\$9,927.37	\$72,346,652.96	\$53,155,128.48	\$8,082,116.20
Nov 2018	\$0.00	\$0.00	\$0.00	\$10,538.34	\$77,160,420.41	\$46,897,205.28
Dec 2018	\$0.00	\$0.00	\$0.00	\$0.00	\$10,401.09	\$76,927,917.41
Jan 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$568.78
Feb 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mar 2019	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
Apr 2018	(\$15,610.61)	(\$88,874.25)	(\$181,411.54)	(\$91,335.07)	(\$17,800.27)	(\$34,322.65)
May 2018	\$59,997.97	(\$49,914.07)	\$258,684.70	\$8,717.19	(\$10,773.84)	(\$65,143.28)
Jun 2018	\$143,692.13	(\$1,859.66)	(\$56,699.77)	\$75,017.63	(\$31,347.02)	(\$17,782.62)
Jul 2018	\$1,508,789.44	\$187,496.99	\$17,852.76	(\$650,701.44)	\$143,877.91	(\$42,171.45)
Aug 2018	\$518,802.14	\$719,916.61	\$837,718.97	\$499,614.08	\$76,516.78	(\$19,812.99)
Sep 2018	\$817,321.54	\$753,271.40	\$518,293.98	\$410,274.34	(\$79,808.30)	\$210,676.22
Oct 2018	\$1,643,083.57	\$1,565,202.74	\$1,138,199.42	\$378,929.97	\$432,163.47	\$181,856.60
Nov 2018	\$8,963,871.13	\$1,851,066.71	\$1,615,434.24	\$309,508.40	\$61,625.63	\$135,466.54
Dec 2018	\$51,700,572.53	\$13,227,041.71	\$3,694,204.09	\$1,362,686.65	\$1,364,251.43	\$194,800.14
Jan 2019	\$51,850,699.79	\$39,172,828.00	\$15,101,929.99	\$3,246,904.67	\$2,316,122.64	\$721,655.19
Feb 2019	\$20,228.75	\$51,007,886.34	\$44,688,977.47	\$7,547,688.20	\$4,690,451.10	\$873,620.60
Mar 2019	\$0.00	\$15,907.96	\$68,937,755.41	\$38,518,823.55	\$10,489,381.58	\$3,026,881.39

## Claims Distribution Based on Age/Gender

The following is based on Incurred Medical and Pharmacy Claims from Jan-Mar 2019.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,056	\$4,540,429.46	\$4,299.65	1,163	\$6,859,288.10	\$5,897.93
Ages 1-4	5,131	\$3,478,752.71	\$678.03	5,494	\$2,952,035.77	\$537.32
Ages 5-9	7,736	\$2,810,475.06	\$363.30	8,230	\$3,320,835.66	\$403.49
Ages 10-14	9,296	\$4,430,530.12	\$476.61	9,610	\$4,564,301.40	\$474.94
Ages 15-17	5,977	\$3,987,768.71	\$667.22	6,171	\$3,646,654.31	\$590.97
Ages 18-19	3,976	\$2,827,826.84	\$711.28	4,152	\$1,837,465.29	\$442.58
Ages 20-24	10,005	\$7,266,774.58	\$726.34	9,278	\$3,867,127.70	\$416.81
Ages 25-29	8,330	\$7,191,312.25	\$863.34	4,959	\$2,087,241.30	\$420.87
Ages 30-34	9,057	\$10,800,097.23	\$1,192.50	5,230	\$3,260,073.23	\$623.30
Ages 35-39	11,465	\$12,422,412.18	\$1,083.51	6,613	\$4,312,275.94	\$652.09
Ages 40-44	12,191	\$15,865,132.59	\$1,301.38	7,411	\$6,371,262.93	\$859.70
Ages 45-49	14,458	\$20,854,312.82	\$1,442.44	8,994	\$12,094,761.94	\$1,344.76
Ages 50-54	15,056	\$26,167,159.60	\$1,737.99	9,721	\$16,866,419.15	\$1,735.05
Ages 55-59	17,383	\$34,781,160.37	\$2,000.87	10,809	\$21,871,837.60	\$2,023.55
Ages 60-64	19,567	\$44,684,561.54	\$2,283.63	11,865	\$32,391,859.61	\$2,730.11
Ages 65-74	2,472	\$6,459,809.92	\$2,612.84	2,039	\$6,317,457.43	\$3,097.81
Ages 75-84	160	\$556,474.63	\$3,477.97	161	\$474,733.10	\$2,942.56
Ages 85+	3	\$1,380.79	\$414.24	5	\$6,309.55	\$1,261.91
<b>Total</b>	<b>153,318</b>	<b>\$209,126,371.40</b>	<b>\$1,364.01</b>	<b>111,906</b>	<b>\$133,101,940.01</b>	<b>\$1,189.41</b>

### **Allowed Amount Distribution by Member Count**

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2014—2018 and year to date for 2019.

<b>Allowed Amount</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
less than 0.00	22	4	2	1	2	1
\$0.00 - \$499.99	66,180	72,760	72,608	71,241	70,060	119,202
\$500.00 - \$999.99	39,137	39,862	40,982	41,548	42,852	34,208
\$1,000.00 - \$1,999.99	43,065	41,247	40,963	42,070	43,426	24,605
\$2,000.00 - \$4,999.99	51,911	49,217	48,716	49,656	49,975	20,825
\$5,000.00 - \$9,999.99	29,515	26,834	27,302	26,762	27,302	8,026
\$10,000.00 - \$14,999.99	12,825	11,369	11,647	12,094	12,420	3,186
\$15,000.00 - \$19,999.99	6,755	5,605	6,152	6,385	6,794	1,772
\$20,000.00 - \$29,999.99	6,374	5,612	5,909	6,216	6,814	1,649
\$30,000.00 - \$49,999.99	5,272	4,475	4,841	5,051	5,366	1,214
\$50,000.00 - \$74,999.99	2,520	2,225	2,347	2,678	2,779	431
\$75,000.00 - \$99,999.99	1,037	944	1,115	1,204	1,319	173
\$100,000.00 - \$149,999.99	846	777	886	956	1,050	131
\$150,000.00 - \$199,999.99	344	320	330	371	439	48
\$200,000.00 - \$249,999.99	179	148	174	167	217	22
over \$249,999.99	326	231	252	290	310	39
<b>Total</b>	<b>266,308</b>	<b>261,630</b>	<b>264,226</b>	<b>266,690</b>	<b>271,125</b>	<b>215,532</b>

## **Summary of Enrollment and Claims**

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Net Pay Med and Rx</b>	<b>Net Pay Med</b>	<b>Net Pay Rx</b>	<b>Claims Paid</b>	<b>Claims Paid Med</b>	<b>Scripts Rx</b>
Apr 2018	266,003	\$114,647,232.33	\$80,543,630.87	\$34,103,601.46	660,774	285,217	367,995
May 2018	265,854	\$123,309,634.62	\$87,044,159.57	\$36,265,475.05	687,086	294,310	385,155
Jun 2018	265,297	\$126,390,396.32	\$89,772,172.98	\$36,618,223.34	658,669	291,547	359,554
Jul 2018	264,248	\$131,283,032.14	\$93,278,840.36	\$38,004,191.78	672,917	303,302	361,823
Aug 2018	255,030	\$130,104,711.03	\$91,953,113.20	\$38,151,597.83	682,365	303,867	370,695
Sep 2018	257,736	\$121,547,607.03	\$84,847,812.11	\$36,699,794.92	632,041	267,745	356,971
Oct 2018	261,899	\$138,933,260.78	\$97,632,362.01	\$41,300,898.77	748,790	335,242	405,696
Dec 2018	262,116	\$148,481,875.05	\$106,233,044.86	\$42,248,830.19	697,827	296,126	394,150
Nov 2018	262,247	\$137,005,136.68	\$96,495,640.73	\$40,509,495.95	702,525	307,224	387,220
Jan 2019	265,184	\$112,410,709.06	\$75,888,477.16	\$36,522,231.90	710,901	315,392	386,711
Feb 2019	264,795	\$108,828,852.46	\$73,375,197.78	\$35,453,654.68	648,106	290,262	349,231
Mar 2019	265,692	\$120,988,749.89	\$81,239,322.32	\$39,749,427.57	680,068	298,061	374,252

*NOTE: Includes run out data from all Carriers*

The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

<b>Time Period</b>	<b>Members</b>	<b>Total Medical and Rx Claims</b>	<b>Total Medical Claims</b>	<b>Total Rx Claims</b>
Apr 2018 - Mar 2019	263,008	\$1,523,516,292	\$1,067,608,024	\$455,908,268
Apr 2017 - Mar 2018	263,812	\$1,400,399,912	\$997,409,447	\$402,990,465
% Change (Roll Yrs)	-0.30%	8.79%	7.04%	13.13%



## **Appendix A**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. IBM Watson Health warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2018, Advantage Suite processed enrollment information for a total of 271,060 members as well as 8,085,632 claims (3,552,632 Medical claims and 4,533,000 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## **Appendix B—Definitions**

- ***Allowed Amount*** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- ***Carrier*** refers to claims listed by carrier. (Please note that CVS data is designated as Anthem).
- ***Days Supply*** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- ***Employee*** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- ***Generic Efficiency*** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- ***Group*** is Kentucky Retirement System (KRS), Kentucky Teachers’ Retirement System (TRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, and Quasi/Local Governments).
- ***Incurred Claims*** refer to paid amounts for claims that were incurred in a specified timeframe.
- ***IP*** refers inpatient procedures and/or claims.
- ***LOS*** refers to length of stay of an acute admission.
- ***Mail Order*** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- ***Member*** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- ***Member Cost per Script*** is the average net amount paid per prescription filled per member (Net Pay Rx/Members).
- ***Net Payment*** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- ***OOP*** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- ***OP*** refers to outpatient procedures and/or claims.
- ***OP Rad*** refers to outpatient radiology claims an/or patients.
- ***Paid Claims*** specify the paid amount for claims regardless of when the claims may have been incurred.
- ***Patient Cost per Script*** is the average net amount paid per prescription filled per patient (Net Pay Rx/Patients).
- ***Patients*** is the unique count of members who received facility, professional, or pharmacy services.

## **Appendix B—Definitions** *(continued)*

- ***Plan*** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP.
- ***Rcnt SGovt*** refers to recent State Government benchmarks.
- ***Rcnt US*** refers to recent US national benchmarks.
- ***Retail*** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.